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|------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|-------------------|
| <b>O I TRANSMITTAL FORM</b><br><b>MAY 04 2005</b><br><small>(to be used for all Correspondence after initial filing)</small> |  | Application Number                       | 09/997,850        |
|                                                                                                                              |  | Filing Date                              | November 29, 2001 |
|                                                                                                                              |  | First Named Inventor                     | Brian P. Brockway |
|                                                                                                                              |  | Art Unit                                 | 3736              |
|                                                                                                                              |  | Examiner Name                            | Robert L. Nasser  |
|                                                                                                                              |  | Total Number of Pages in This Submission | 19                |

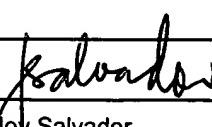
| ENCLOSURES (Check all that apply)                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached                                                                                                                       | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input checked="" type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><input type="checkbox"/> Return Postcard |  |
| <input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement                                                 | <input type="checkbox"/> Remarks      The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                                                                                     |          |        |
|--------------|-------------------------------------------------------------------------------------|----------|--------|
| Firm Name    | Townsend and Townsend and Crew LLP                                                  |          |        |
| Signature    |  |          |        |
| Printed name | Chun-Pok Leung                                                                      |          |        |
| Date         | May 2, 2005                                                                         | Reg. No. | 41,405 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |                                                                                     |
|-----------------------|-------------------------------------------------------------------------------------|
| Signature             |  |
| Typed or printed name | Joy Salvador                                                                        |
| Date                  | May 2, 2005                                                                         |